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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing      **OR**      ☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number** GG119.1US  
**First Named Inventor** Carl Risinger

**COMPLETE IF KNOWN**

**Application Number** Unassigned  
**Filing Date** August 29, 2001  
**Group Art Unit** Unassigned  
**Examiner Name** Unassigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DETECTION OF CYP2D6 POLYMORPHISMS**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0021286 0	GB	08/30/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 28996 *OR* ☐ Correspondence address below

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		617-964-7974

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

<b>Given Name</b> Carl		<b>Family Name or Surname</b> Risinger	
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b> Uppsala	<b>State</b>	<b>Country</b> Sweden	<b>Citizenship</b> Swedish
<b>Mailing Address</b> Geijersgatan 25C			
<b>Mailing Address</b>			
<b>City</b> Uppsala	<b>State</b>	<b>ZIP</b> SE-752 26	<b>Country</b> Sweden

**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

<b>Given Name</b> Maria Kristina		<b>Family Name or Surname</b> Andersson	
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b> Uppsala	<b>State</b>	<b>Country</b> Sweden	<b>Citizenship</b> Swedish
<b>Mailing Address</b> Backvagen 14			
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<b>City</b> Uppsala	<b>State</b>	<b>ZIP</b> SE-756-52	<b>Country</b> Sweden

☒ Additional inventors are being named on the one supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Tommy		Lewander	
Inventor's Signature		Date	
Residence: City	Uppsala	State	Country
			Sweden
Citizenship		Swedish	
Mailing Address			
Rosenvägen 6			
Mailing Address			
Same as above			
City	Uppsala	State	ZIP
			SE-756-52
Country		Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Erik		Olaisson	
Inventor's Signature		Date	
Residence: City	Uppsala	State	Country
			Sweden
Citizenship		Swedish	
Mailing Address			
Bonadsvägen 8			
Mailing Address			
City	Uppsala	State	Zip
			SE-757 57
Country		Sweden	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			

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